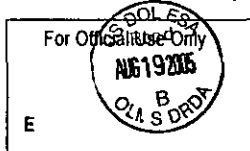


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



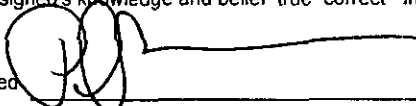
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|   |   |
|---|---|
| 1 File Number U<br><b>6353</b>  | 2 Fiscal Year Covered From<br>1 / 1 / 2004 Through 12 / 31 / 2004   |
| 3 Name and address of person filing<br>Name Paul V Hogrogian<br><br>P O Box Bldg Room No if any Suite 1400<br><br>Street 401 Broadway<br><br>City New York<br><br>State New York ZIP Code + 4 10013 | 4 Name file number and address of labor organization<br>Name Local 300 National Postal Mail Handlers Union<br><br>Labor Organization File Number 504 780<br><br>P O Box Building and Room Number if any Suite 1400<br><br>Street 401 Broadway<br><br>City New York<br><br>State New York ZIP Code + 4 10013 |
| 5 Position in labor organization<br>Local President   |   |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

|  |  |
|--|--|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent |  |
| 6 Name and address of Employer (including trade name if any)<br>Name<br><br>Trade Name if any<br><br>P O Box Bldg Room No if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4   | 7 a Nature of Interest Transaction or Income<br><br><br><br><br><br><br><br>7 b Amount |

### Signature

|   |                             |   |
|---|-----------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) |                             |   |
| Signed   | On <u>7-20-2005</u><br>Date | <u>212 431 0040</u><br>Telephone Number |

Name of Person Filing Paul Hogrogian

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name First Health

Trade Name if any

P O Box Bldg Room No if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

11 b Approximate dollar value of such dealing APPROX \$1 BILLION

12 a Nature of interest held or income received

Attended 1 dinner (Self & Spouse) (Amount unknown Approx \$100) and 3 group buffet dinners (Self & Spouse) (Amount unknown Approx \$30 per Buffet dinner) March 20 24 2004

12 b Amount

APPROX !

\$280

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

## Part B Continuation Page

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☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

June 21 23 2004 Refreshments & Dinner (Self)  
(Amount unknown approx \$90) 2 dinners (Self &  
Spouse) (Amounts unknown Estimated \$100 per dinner)  
and entertainment (Self & Spouse) (Amount unknown  
Estimated value \$100)

## 12 b Amount

Approx 1

\$390

## Part B Continuation Page

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Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

First Health administers and underwrites the Union health plan

## 11 b Approximate dollar value of such dealing

Approx \$1 Billion

## 12 a Nature of interest held or income received

October 6 9 2004 Attended Health Plan Seminar  
4 Group Buffet dinners (Self & Spouse) (Amount unknown Approx \$30 per buffet dinner) 2 lunches (Self & Spouse) (Amount unknown Approx \$25 per lunch) and recreational activities (Self & Spouse) (Approx \$150)

## 12 b Amount

Approx

\$440

Name of Person Filing Paul Hogrogian

File Number U

Part B Continuation Page

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☐ c Employer

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Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

11 b Approximate dollar value of such dealing Approx \$1 Billion

12 a Nature of interest held or income received

December 9 11 2004 (Self & Spouse) Attended 3 group buffet dinners (Approx \$30 per buffet dinner) and 1 dinner (Self & Spouse) (Amount unknown Approx \$100) Approximate value \$280

12 b Amount

Approx \$280

Name of Person Filing Paul Hogrogian

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Part B Continuation Page

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Trade Name if any

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Street

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State

ZIP Code + 4

11 a Nature of such dealing

First Health administers and underwrites the Union health plan

11 b Approximate dollar value of such dealing Approx \$1 Billion

12 a Nature of interest held or income received

August 19 29 2004 Duffle bag (Self) (Amount unknown Approx \$40) 5 group buffet dinners (Self and Spouse) (Approx \$30 per buffet dinner) 2 dinners (Self & Spouse) (Approx \$200) 1 dinner (Spouse) (Amount unknown approx \$50)

12 b Amount

Approx

\$590

## Part B Continuation Page

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Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

First Health underwrites and administers the Union Health plan

11 b Approximate dollar value of such dealing Approx \$1 Billion

## 12 a Nature of interest held or income received

Holiday gift/Fruit Basket December of 2004  
Approximate value \$50

## 12 b Amount

Approx

\$50